

Inter-SPORE Prostate Biomarkers Study: Addressing Prognosis and Pilot for NBN

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Overview of Presentation

- **Motivation for the Inter-SPORE Prostate Biomarkers Study (IPBS)**
- **IPBS conceptual parameters and study design**
- **Common requirements of IPBS and NBN**
- **Features of NBN to be piloted in IPBS**

The Biomarker Conundrum for Prostate Ca

- PubMed Search on “prostate cancer” and “prognostic” and “biomarker” yields **2031 hits**

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- Number of molecular biomarkers routinely used by urologists for prognosis: **1 (PSA)**
- **Why haven't prognostic biomarkers lived up to their promise?**

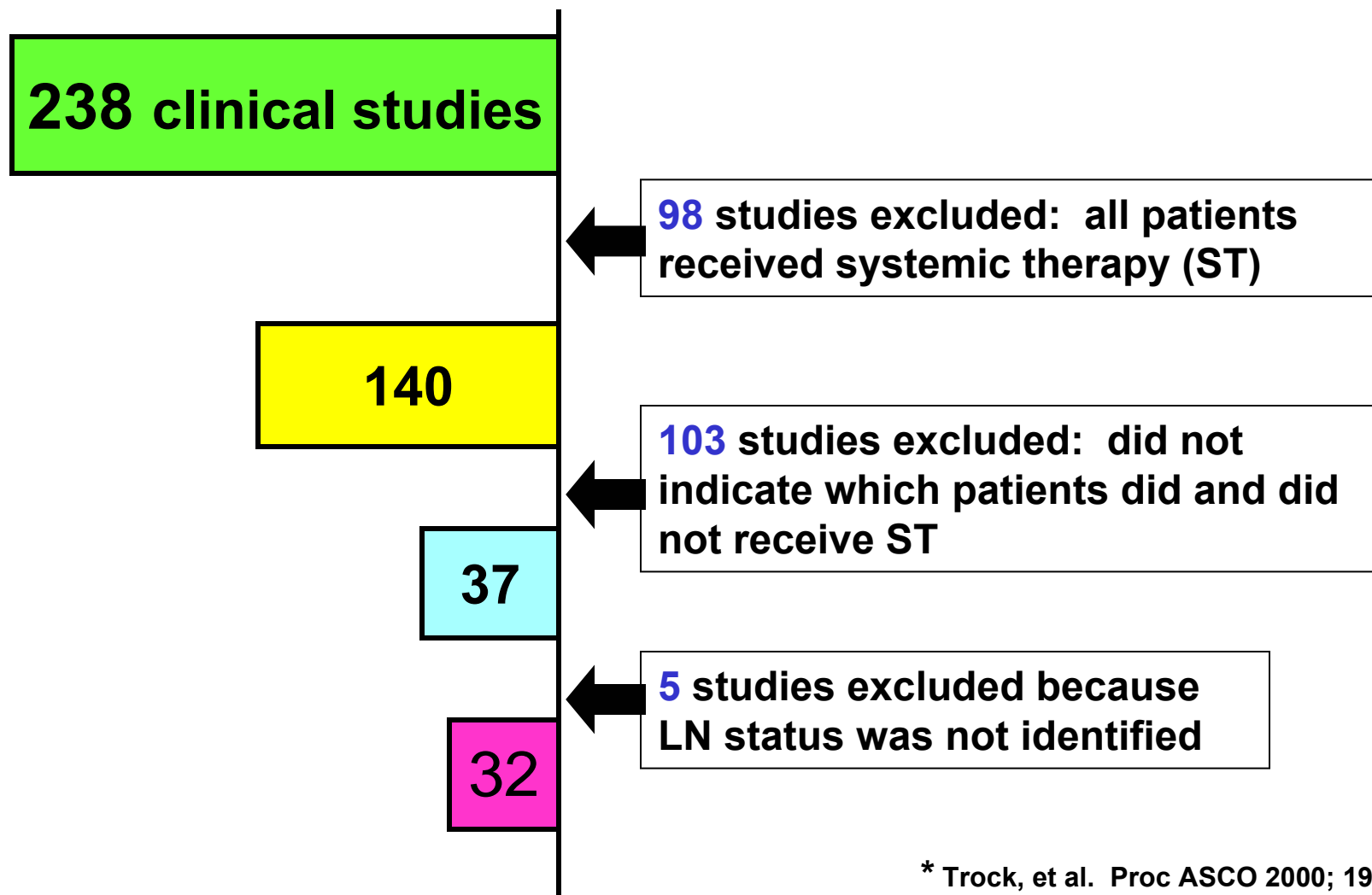
Why haven't prognostic biomarker studies led to translation?

- **prognostic vs. predictive role of a biomarker**
- **variability in patient populations (treatment, risk level, convenience samples)**
- **assays not standardized or optimized**
- **inadequate study power or statistical analysis**
- **studies usually based on a single institution**

Common Underlying Goals of IPBS and NBN

- Goal of the IPBS: rigorous prospective validation of promising biomarkers using **standardized** methods, sustainable infrastructure and optimized design (**control pre-analytical and analytical error**)
- Goal of the NBN: a “best-practices”-based resource to manage **standardized** collection, processing, storage and disbursement of high-quality biospecimens and linked data to support and reduce variability in translational research (**control pre-analytical error**)

A Cautionary Tale: c-erbB-2 and Breast Cancer Prognosis*

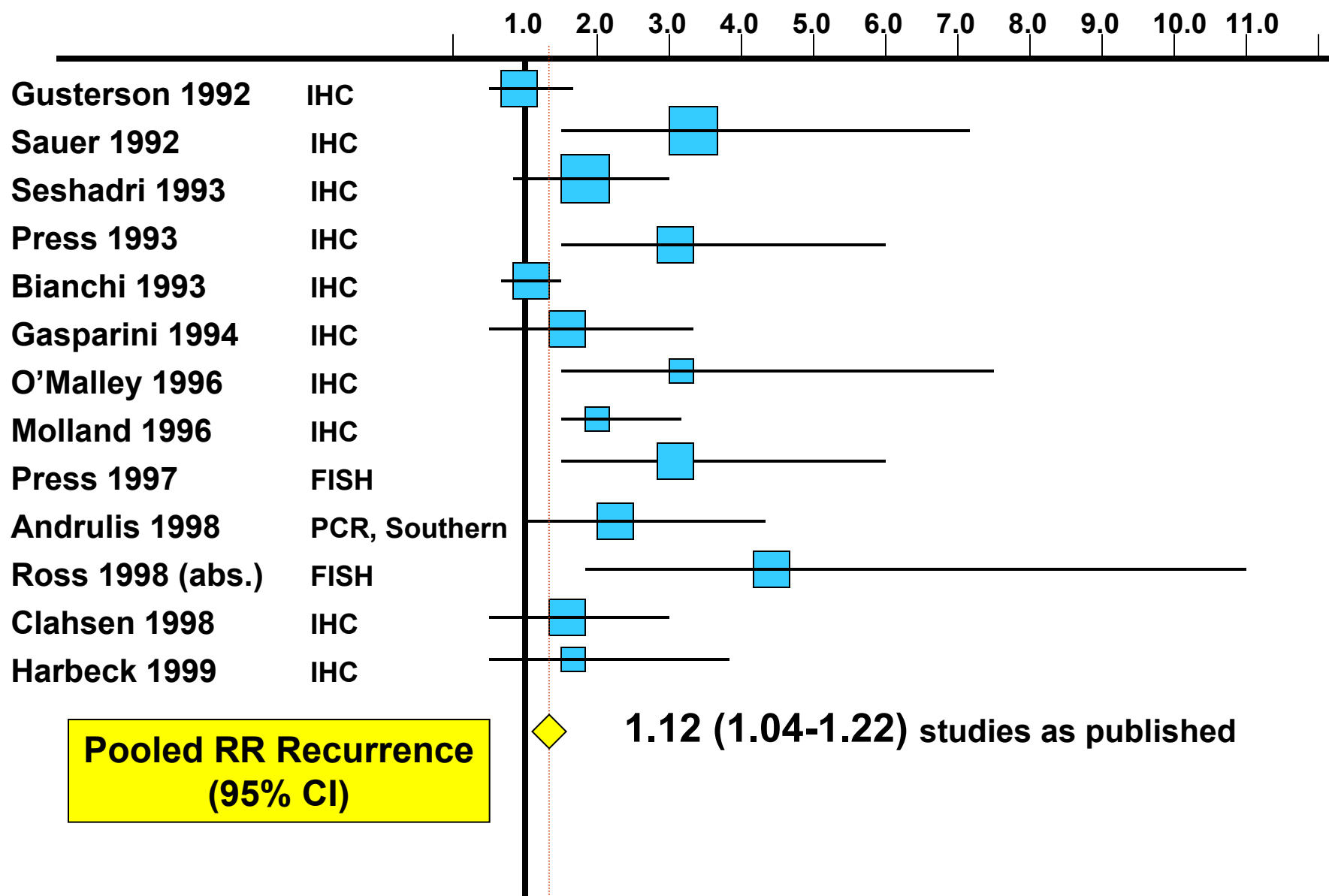


* Trock, et al. Proc ASCO 2000; 19:97a.

L/N Negative

Relative Risk of RECURRENCE

c-erbB-2 Better ↔ c-erbB-2 Worse



IPBS Research Question

- Does the biomarker improve upon existing nomograms to predict **aggressive cancers** that will progress following RRP or XRT?
- Selection of biomarkers: **Meta-analysis** and separate scientific reviews of 14 promising biomarkers resulted in panel of 8 candidates

Candidate Biomarkers

Prospective Study

- **8q24**
Mayo Clinic / Jenkins
- **Caveolin 1**
Baylor / Thompson
- **hK2**
MSKCC / Lilja, Mayo / Young
- **Ki-67**
Johns Hopkins / DeMarzo
- **p27**
UCLA / Reiter, Harvard / Loda

Retrospective Study

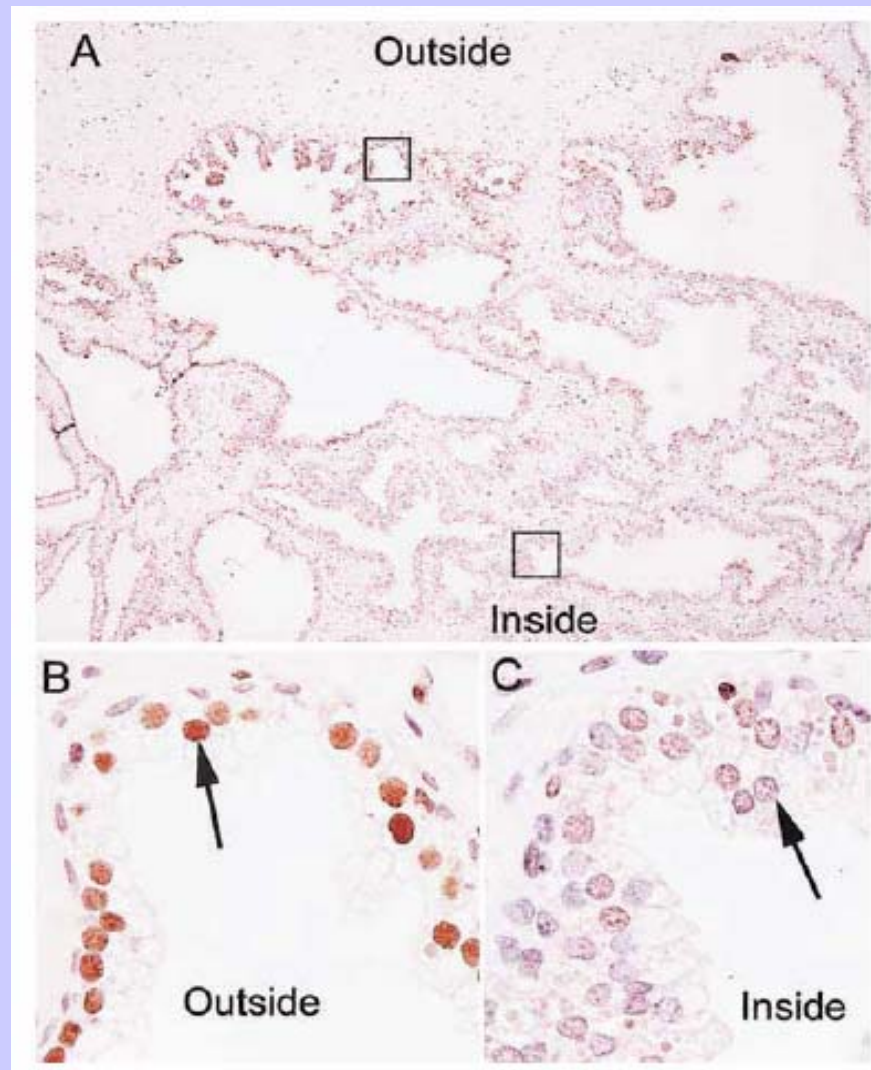
- **EZH2**
DFCI / Rubin, U-M / Chinnaiyan
- **c-met**
U Washington / Knudson
- **TGF- β 1**
Northwestern / Lee

Why Do this Study?

- Improve upon current prognostic classification
- Foundation for accelerated discovery and development of new biomarkers
- Why a prospective study?
 - rigorous validation of prognostic markers hasn't been done!
 - standardized methods (pre-analytical error)
 - quality control
 - appropriate patient population
 - uniform determination of outcomes
 - patients who progress can enter clinical trials
- Why study these “old” biomarkers?
 - few biomarkers have good evidence for prognostic role
 - clinical usage requires methodological stringency

Effect of inadequate fixation time on p27 staining

(DeMarzo, et al. Human Pathol 2002)



Prospective Biomarkers (BM) Study

**350 RRP + 350 XRT Patients
(Moderate Recurrence Risk)**



**Correlate
BM with
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PSA Recurrence

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Response to Tx

Identify new Tx targets



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“Value added” from Biomarkers Study

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PSA Recurrence

PSA Doubling Time

Dynamic

Data

&

Tissue

Resource

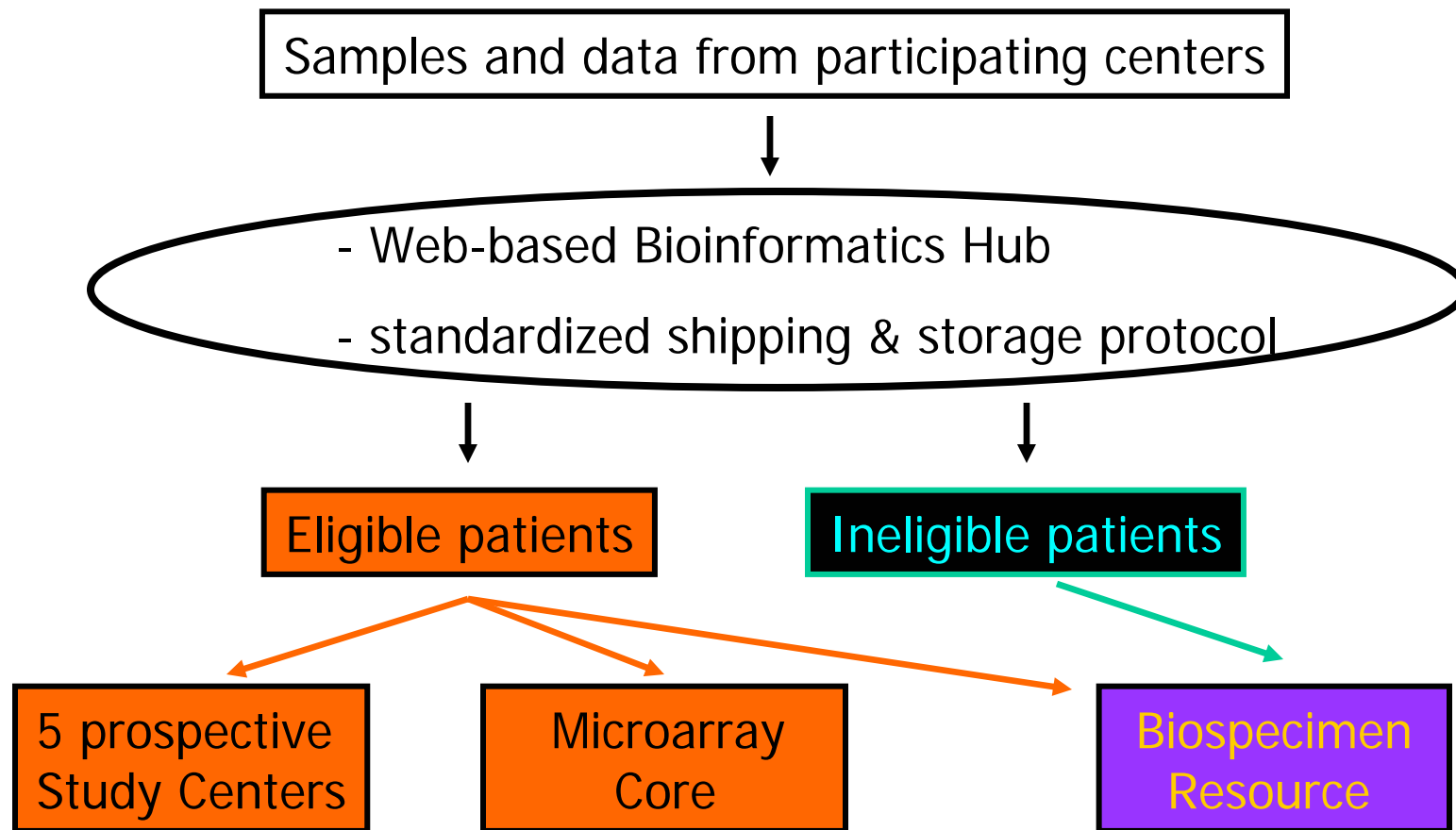
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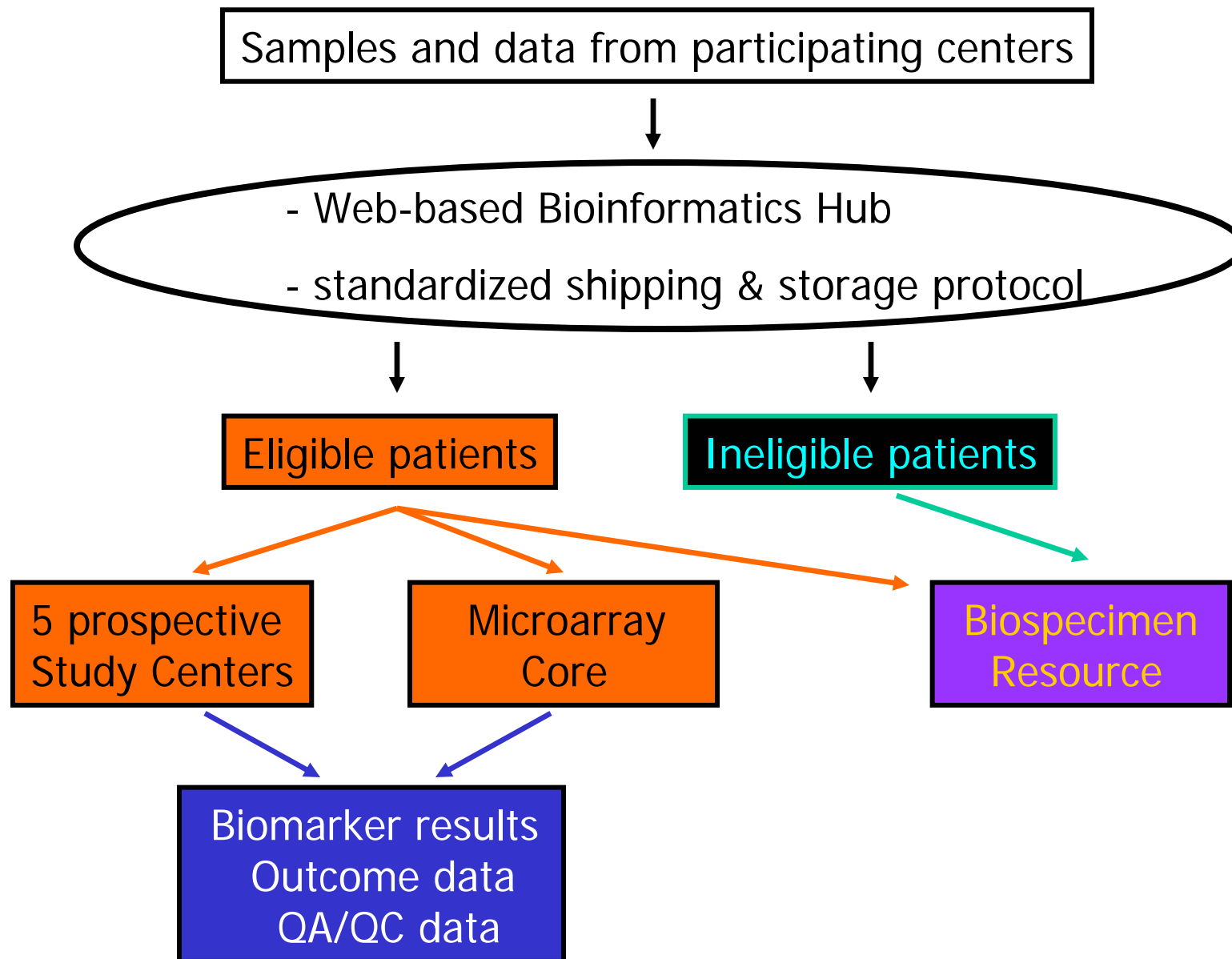
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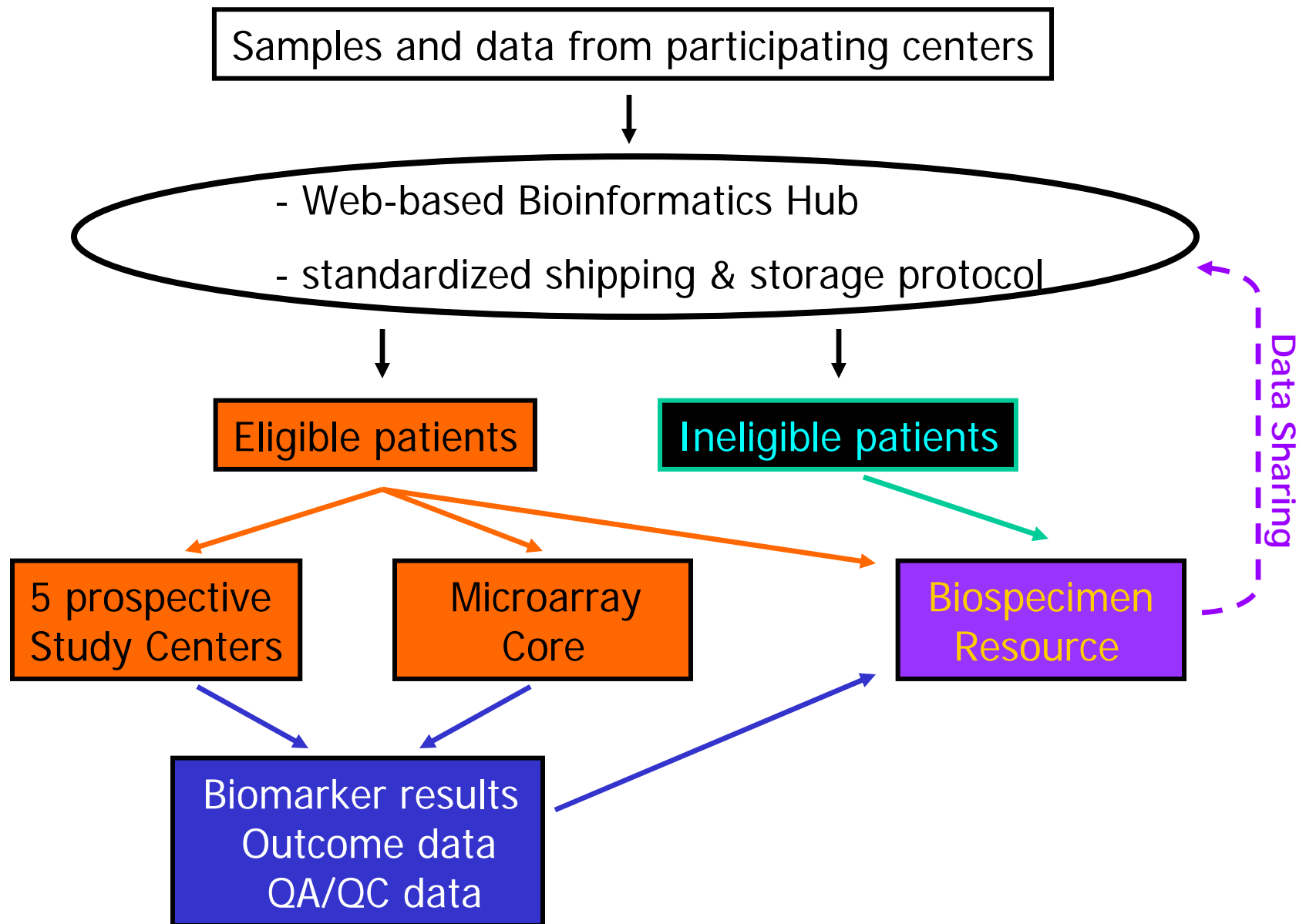
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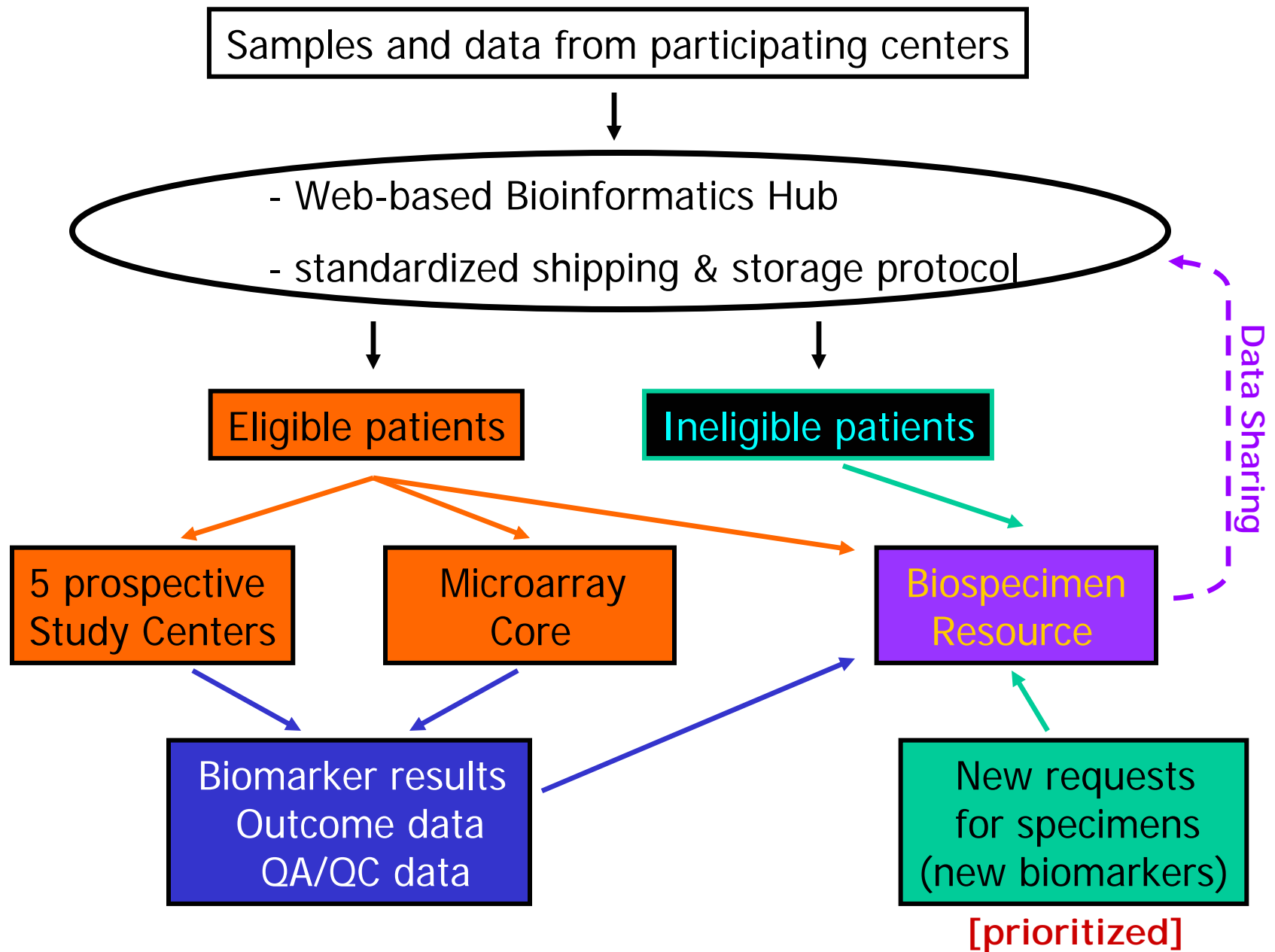
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Common Requirements for IPBS and NBN

- Dispersed network of tissue contributors and users
- Standardized methods where possible; identify **tolerances** when standardization not possible
- Emphasis on annotation of specimens
- **Flexible, scalable** bioinformatics system
 - Web-based, prioritization of access, password protected
 - CDEs, minimum data set for each sample
- Integrated QA/QC
 - data tracking, edit checks, random sample review
 - shipping manifests, verification of receipt
 - H&E, pathology report accompany tissue
 - query investigators about biomarker assay results

Common Features of IPBS and NBN (cont'd)

- **Prioritize access to specimens**
 - IPBS Tissue Resource Oversight Committee
 - users must have IRB-approved protocol
- **Informed consent, confidentiality**
 - common consent elements (CCEs), HIPAA compliant
 - tiered consent options
 - link between specimens and PHI is off-line
- **Intellectual property**
 - provider institutions do not retain rights to specimens
 - common criteria for licensing, MTAs, authorship
- **The study will create a dynamic resource that will also support clinical trials, and discovery of new biomarkers**